	or-	ate	-V	
1	PLAINLY, WATH UNFADING INK-THIS IS A PERMANENT ACORD. Every item of infor-	hould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	-
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V. S. No. 1

	County	St.	Mary					Registration	Dist No 2	80
	,					No	Md.			1
	Laneth of see	idonas in ai		double assumed	yrs,m	(If death occurred	d in a hospital or ins	titution, give its NAM	E instead of street a	nd number)
								ii of foreign bifth?	yrs	. mos
2.	(a) Resider			ville	8	C+	Ward.			
ellin res	(a) Resider	ice. No		(Usual pla	ice of abode)	J.,	walu.	If nonresident	give city or town	and State
- 01				TICAL PAR	TICULARS		MEDICAL	CERTIFICATE	OF DEATH	4
3. SI	M	В		OR DIVOR	ARRIED, WIOOWED, CED (write the word)	21. DAT	E OF DEATH	May 2	(Oay)	, 193 <b>1</b>
5e. I	f merried, widov HUSBANO of (or) WIFE of	ved, or divo	rced			22.	IHEREE	BYCERTIF	Y. That I attend	dad deceasa
	(01) 1111111					Apı	r. 30	, 19. 31 , to	May	2,, 19
	ATE OF BIRTH			1	<u> </u>			May 2,		3.1; death
7. A	GE Yes	85	Months	Oeys	If LESS then	R		tated above, et5. EATH and related caus		
	8. Trade, profe	ssion or ne	rticular		ormin.	wera as fol	llows:	d Bowel		Oateo
S.	kind of SAWYER	work done,	as SPINNER, PER, etc.	Farm 1	Cohomon	001	ant Parta na	d Dower		
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IP.	9. Industry or work wa	business in	which			1				
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HER FATHER	work was SAW MII 10. Oata dacees this occurrence occurr	business in s done, as S LL, BANK, et ad lest wor petion (morning).  E (city or town).  ME [ Clty or town].	which ILK MILL, itc. ked at ith and  Md.  Mknown UNKN	11. Tota s o	ol time (years) pent in this	Name of op Whet test c 23. If death	peretion	mportance:  ceuses (VIOLENCE) fi	Date o	of an autopsy?
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CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

forms

made oput on

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

fo	Example I		Example II	
p. 1	The principal cause of death and related of importance were as follows:	causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
du	Arteriosclerosis	1915	Attack of epilepsy	1 week ago
-0	Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ou	Cerebral hemorrhage	Luly5,1927	Peritonitis	3 days ago
4	A.V.A	BURE		
vao e	Other contributory causes of importance		Other contributory causes of importance:	
made	Gausiones	Ma 11,1923	Gastroenteritis	1 year
		-175		

V. S. No. 1

Kem of inforshould state OCCUPA-

of

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	34	
County St manys	Registration Dist. No. 287	
Village or City		ard
La companya da	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?mos	ds.
1/20 2 2	100.000	
2. FULL NAME Many h Barnes	0. W1	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	dollates
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  May 26 193( (Month) (Pay) (Year)	. 14
5a. If married, widowed, or divorced		_
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased fr	
7 1011	May 25, 1931, to Juny 26, 193/	
6. DATE OF BIRTH (month, day, end year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11.30 Pm.	ald
90 4 70 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance	
8. Trade, profession, or particular	were as follows:	set
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which	ante madrandition play 10/	/3/
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
10. Date deceased last worked at this occupetion (month and page 1) spant in this occupation occupation occupation		
12, BIRTHPLACE (city or town) Bultimore	Other Contributory Causes of importance:	
(State or country)	Sur hiles 192	9
13. NAME Rules Barnes		
13. NAME And Barrier  14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Wes there an au'opsy? 2	20
15. MAIDEN NAME Martha Wood	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury19	
(State or country) md	Whera did Injury occur? (Specify city or town, county and State)	
17. INFORMANT dute Barnes (Address) Scotts de med	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury	
Place At Linker Cemely Date May 2(193)	Nature of injury	
19 UNDERTAKER CANAL Robinson	24. Was disease or injury in eny way related to occupation of deceased?	
(Address) Dan hid	If so, specify	
20. FILED Mary 26, 1931 By Bean In S	(Signed) N	vi. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	0	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
· Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

		F MAR	YLAND-	CERTIFICATE	OF DEATH	06116
1. PLACE OF DEAT		f	(2.	5)		000
County St. M	**	<del>-</del>			Registration Dist. No	280
Village or CityR	1dge		(16	No. death occurred in a hospital or institu	ution give its NAME instead of	St., Ward
Length of rasidence in cit	y or town where d	aalh occurred1		6ds. How long in U.S. if		
(a) Residence: No. a			Mrs. Web	ster Biagge	If nonresident give city or	town and State
PERSONAL ANI	D STATISTI	CAL PARTI	CULARS	MEDICAL C	ERTIFICATE OF DE	ATH
	ack	5. SINGLE, MAR OR DIVORCE Sing	RED. WIDOWED. D (write the word)	21. DATE OF DEATH	(Month) (Day)	193 1 (Year)
5a. It merried, widowed, or divor HUSBAND ot (or) WIFE ot	ced				Y CERTIFY, That I	attended deceesed trom
5. DATE OF BIRTH (month, day,	and veer) .T	ulv 27.	1913	I last saw h i M alive on	May 2	1931 : death is said
AGE Years	Months 9	Deys	If LESS than I day,hrs. ormin.	to have occurred on the date stall The PRINCIPAL CAUSE OF DEA were es follows:	ed above, at3. A.m.	
14. BIRTHPLACE (city or too (State or country)  15. MAIOEN NAME C  16. BIRTHPLACE (city or too (State or country))  17. INFORMANT R91	rticular is SPINNER, ESER, etc. Feer, etc. Feer, etc. Full to the sed et thand  Ridge Md. Ridge iam Web wn) Rid Mecclia	arming.  11. Total to specific occurrence.  12. Md.  ster Bige, d.  Irene Bige, anicsvid.	ima (years) nt in this upation SCOE	Intestinal T  Other Contributory Causes of imp  Nama of operation	Was  was (VIOLENCE) fill in also the  Data ot injur  (Specify city or town, count	there an autopsy? tollowing: (y, 19
18. BURIAL, CREMATION, OR RI Place St. Pete	rs Cem	Date. May	4, 1931	Menner of injury		
20. FILED May 4., 1		E.E. Bi	rch Registrar.	(Signed) (Address) LOQ	A. / Jsom	M. D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year		
		*			
ADDITIONAL SPACE P	or fulting lear in the lear in the lear in the lear in the learning in the lea	PRINCIAN BY PHYSICIAN			

MARGIN RESERVE	WRITE PLANLY WITH UNFADING INKT	N. B Every item of information should be carefully supp
	PI	9
V. S. No. 1	4) WRITE	B Every item
P. /	1	ż

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
The state of the s	Registration Dist. No. 8 28
Village or City CLANDOR (No.	St.: Ward) (If death occurred a hospital or institution, give Its NAME in
2FULL NAME JOSEPSH JAPA	Diacoc . steed of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Yea	9 Hereby Certify, That I attended the deceased from
J yrs. mos. J ds. or m	hrs. The CAUSE OF DEATH)* was as follows:
OCCUPATION (a) Trade, profession or farmer particular kind of work	denne.
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos 2 d
9 BIRTHPLACE (State or country) DA Marya Co. Add	Contributory Secondary  (Duration)  To mos de
10 NAME OF John Biscoe	(Signed) JONNI M. E
OF FATHER (State or country)  12 MAIDEN NAME  OF FATHER  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Rachel Johnson	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country) SA Hanga Co Mol	ients or Recent Residents)  At place of deathyrsmosds. Stateyrsmosdr
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or usual residence.
(Address) Larson A	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL Phicholas Church Hay 20, 1981
Filed May 19 1931 The Registrar	Thomas Hastie Parjoisnile.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, whatever, write None. Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-," etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease approved by Committee on as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Chronic interstitial nephritis, Whooping cough; Recommendations on statement of cause of death unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic and consequences (e. g., sepsis, Example: Measles (disease valvular heart disease; affection need not be etc. The contributory Nomenclature of the Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V.S.

/	ite	W	of	
	N. BWRITE PLAINLY, WARH UNFADING INK-THIS IS A PERMANENT ACORD. Every ite	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS s	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	
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	700	PH	Kact	
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ING	NEN	CLI	ified	
ND	RMA	XA	class	
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MARGIN RESERVED FOR BINDING	V SI	state	rope	TION is very important. See instructions on back of certificate.
Q	SIII	be	pe 1	of c
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V. S. No. 1	z			

County_	St. Mary's			(23)	Registration Dist. No.	280
	or City		ll her li	ND. St., W Lideath occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U. S. if of foreign birth? yrs. mos.		
2. FULL		Louise	Biscoe	St.,Ward.		
PERSO	ONAL AND STATIST	(Usual place		MEDICAL O	If nonresident give city or town	
3. SEX	4. COLOR OR RACE	5. SINGLE, MA OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	May 15	, 193 1 (Year)
HUSBAND (or) WIFE o				May 12	Y CERTIFY, That latte	
. DATE OF BIR	TH (month, day, and year) Years Months	Aug. 2,	1903	I lest saw h elive on to have occurred on the date sta	May 15 19	31 ; death is sa
	27 9	13	l day,hrs.	The PRINCIPAL CAUSE OF DEA	ATH and related causes of importance	Date of onse
9. Industry	rofession, or perticular of work done, as SPINNER, YER, BDOKKEEPER, etc	lousewor	ok.	Tuberculosis	of Lungs	
1D. Date dec	ceased last worked et occupation (month and )	sp oc	time (years) ent in this cupation	Other Contributory Causes of im	portance:	
2. BIRTHPLACE (State or	e (city or town) Ridge country) St. 1	lary's	Co., Md.			
	William !		De .	Name of operation	Date	
16. BIRTHPL	NAME Cecelia  LACE (city or town) Mechae or country)		itler			, 19
(Address			2	(Specify city or town, county and State) Specify whether iojury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.		d State) C PLACE,
8. BURIAL CRE	mation, or removal t.Peters Cem	Dete M8	ay 17 1931	Manner of injury Neture of injury		
19. UNDERTAKEI (Address				24. Wes disease or injury in any If so, specify	wey related to occupation of decease	n0
O. FILED. M	ay 16,1931 J.		ng. ien - Registrar.	(Signed)	To lace	34 11 M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Evennle I

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example 1		Diample 11			
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis		1915	Attack of epilepsy	1 week ago		
Chronic interstitial neg	hritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago		
Other contributory of	SUREAU V. S.	May 1, 1923	Other contributory eauses of importance:  Gastroenteritis	1 year		
	IEGI I DOM					
	ADDITIONAL SPECIAL FURTHER STATEMENTS BY PHYSICIAN  Colored  6/8/3/					
			Herrene 11.1			

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06119
1. PLACE OF DEATH	(31)
County It Manys	Registration Dist. No. 287
Village or City California	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?
2. FULL NAME Farmer Cornell	
(a) Residence; No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Year)  (Year)
5a. If pratried, widowed, or divorced HUSBAND of (or) WIFE of Henry Carall	22.   I HEREBY CERTIFY, That I ettended dacaasad from
1 1000	May 1, 1930, to May 2, 193/
6. DATE OF BIRTH (month, day, end year)  7. AGE Years Months Days If LESS than	I last saw h aliva on 25, 193/ death is seld to have occurred on the date stated above, at 1. A m.
al + 84 unlinear 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc.	Chronic Interstitual Nechrita man
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, atc	
this occupation (month and spent in this	
yeer) occupation occupation	Other Cuutributery Causes of importanca:
12. BIRTHPLACE (city or town) (State or country)	
	-
14. BIRTHPLACE (city or town) Charles County	Name of operation Dete of
(State or country)	Name of operation Dete of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Ly	23. If death was due to axternal causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME Lank	Accident, suicida, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT Charles miles (Addrass) California Md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMAVAL	Manner of injury
stace At nicholas Date May 3, 193/	Natura of Injury
19. UNDERTAKER Richard Thomas (Address) Valley lee hid	24. Was disaase or Injury in any way raletad to occupation of deceased? 2.
20. FILED May 2, 193( Plane Registrar.	(Signad) M. D. (Ardrass) Great Mills Ind

11.01111

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II		
The principal cause of de of importance were as follows:	ath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	JUN 5 1931	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrites		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V.	3 July 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year .	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 284 (If death occurred in Village or City Melauicsulle (No. Ward) class a hospital or institu-EXA stend of street and number.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH 3 SEX WIDOWED. OR DIVORCED BINDIN Write the word) I HEREBY CERTIFY, That I attended the deceased 6 DATE OF BIRTH 2- 1931 . to May that I last saw ham alive on him (Day) (Year' (Conth) IIf LESS than 7 AGE I day hrs. The CAUSE OF DEATH \* was as follows: UNFADING INK---THI terms ESERVED B OCCUPATION (a) I rade, profession or particular kind of work plai (b) General nature of industry F DEATH IN FILL Very important. business, or establishment in K which employed or (employer) Contributory MARGIN Secondary 9 BIRTHPLACE (State or country 10 NAME OF 0 11 BIRTHPLACE \*St..te the Discaso Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 5 OF FATHER (State or country) 12 MAIDEN NAME nformati 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans OF MOTHER 4 ients or Recent Residents) state CCUP 13 BIRTHPLACE At place .... yrs.............ds. OF MOTHER Where was disease contracted, 0 if not at place of death?..... Every itom statement usual residence. DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL ADDRESS If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Falto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (o) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Aever return 'Laborer," "Foreman," "Manager," "Tealfulness of various pursuits can be known. The quescupation is very important, so that the relative health should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary froman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Physicion, Compositor, Architect, Locomolive whatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servout, Cook, ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housevife, Househousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-6 yrs). For many occupations a single word or term on or At Home, and children, not gainfully em-Form laborer, without more precise specification as fact may be indicated thus; Farmer (re-For persons who have no occupation Laborer-Coal mine, etc. Womongineer.

Statement of Gause of Death—Name, first, the probase causing death (the primary affection with respect to time and eausation), using always the same accepted the term for the same disease. Examples: Cerebrospinch fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia").

If this certificate is looked over thoroughly and all questions discreted in detail, it will prevent further correspondence. A ithe data is essential and must be obtained before the certificate is permanently filed. American Medical Association.) "('Exhaustion,')" "Heart langue, "Old Age," "Shock," "(Inanition," "Marasmus," "Old Age," "Shock," "
"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. inges, perilonocum, etc., Carcinoma, Sorcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory" eausing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by "PJERPERAL septicacmia," "PUERPERAL perilonilis," etc. diseases (secondar, Whooping cough; Chronic valvular heart disease; Chronic interstitiat nephritis, etc. The contributory as fracture of skull, and consequences (e.g., sepsis curbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway troin-"Atrophy," "Collapse," "Coma," "Convulsions," resulting from childbirth or miscarriage as or intercurrent) affection need not be Example: Meosles (disease

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the whatever, write Nonc. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Civil engineer, Stationary fireman, etc. But in many report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The (b) material Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age, atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease American Medical Association.) Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (secondary FOR VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or terminal condicough; or intercurrent) Chronic valvular heart disease; affection need etc. The contributory Nomenclature not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data, is essential and must be obtained before the certificate is permanently filed.

N. B.

		STATE (	OF MAR	YLAND-	CERTIFICATE OF DEATH 06	122
1	County	of DEATH St. Mary's			Registration Dist. No. 28	30
	Village or	City Ridge		<i>(</i> 16	No. St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
	Length of res	sidence in city or town where	e death occurred		ds. How long in U.S. if of foreign birth?yrsm	
2		ME Clauds				
	(a) Reside	nce: No. New Y	ork City (Usual place		St., Ward.  If nonresident give eity or town and	State
-	PERSOI	NAL AND STATIS			MEDICAL CERTIFICATE OF DEATH	
3. S	EX M	4. COLOR OR RACE		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH  (Month) May 30 (Day)	. 193 <b>1</b>
5a.	If married, wido HUSBAND of (or) WIFE of	wed, or divorced			22. I HEREBY CERTIFY. That I attended	
6. I	ATE OF BIRTH	(month, day, and year)			I last saw h alive on, 19, 19	
7. /		Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
NOT	kind of SAWYEI	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc business in which	School	род	Accidental drowning while in	
8	work wa	as done, as SILK MILL,			-bathing.	
8	10. Data decaasad last worked at this occupation (month and year) occupation			nt in this		
12.	BIRTHPLACE (c		t Indies		Dther Contributory Causes of importance:	*********
ER	13. NAME	UNKNOW	N			
FATHER	14. BIRTHPLACE (city or town) (State or country)				Nama of operation	
ER	15. MAIDEN NAME UNKNOWN				23. If death was due to external causas (VIDLENCE) fill In also the following	
15. MAIDEN NAME UNKNOWN  16. BIRTHPLACE (city or town) UNKNOWN  (State or country)					Accident, suicide, or homicide Accident Data of Injury  Where did Injury occur?	
17, INFORMANT James Narchant (Address) Ridge, Md.					(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, DR REMOVAL  St. Peters Cem Date June 1,31				June 1,3	Manner of injury	
19. UNDERTAKER A. C. Welch,				<b>a</b>	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Leonardtown, Md.  20. FILED May 30, 19 31 J. 03 KING				,	(Signed) (Address) Sulfe Incl	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
	1915	Attack of epilepsy	1 week ago	
ritis	1921	Run over by street car	1 week ago	
	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:  Gallstones  Gallstones  1831		Other contributory causes of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE	de furth	ER STATEMENTS BY PHYSICIAN REC	lived	
	ritis  THEFOLA' S' A CHENTAL A' S' A CHENTAL A' S' A CHENTAL A' B'	Titis  Date of onset  1915  1921  July 5, 1927  DISCOMPRENE STAND FLOW 1, 1, 1923  1861 7 900	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  ritis 1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:  S'A OVEROFICIAL 1,1923 Gastroenteritis	

Month   Opay   Year   Was a follows:   The CAUSE OF DEATH * was as follows:   The CAUSE OF DEA	PERSONAL AND STATISTICAL PARTICULARS  SEX  4 COLOR OR RACE  MARRIED, WIDOWED, OR DIVORCED (Write the word)  (Month)  (Day)  (Year)  TAGE    If LESS than and that death occurred on the date stated above, at A lade, profession or particular kind of work  (b) Ceneral nature of industry business, or establishment in which employed or (employer)  DIRTHPLACE (State or country)    10 NAME OF FATHER   11 BIRTHPLACE OF MOTHER (State or Country)    12 MAIDEN NAME OF MOTHER    13 BIRTHPLACE OF MOTHER (State or Country)    14 BIRTHPLACE OF MOTHER (State or Country)    15 DATE OF DEATH   16 DATE OF DEATH   16 DATE OF DEATH   17   I HEREBY CERTIFY, That I attended the course on the date stated above, at A last death occurred	Village or City & Came	rou(No.	1	St.: Ward) (If death occurrence of the street of the stree
3 SEX  4 COLOR OR RACE  MARRIED. Midowed WIDOWED WIDOWED (Write the word)  6 DATE OF BIRTH  AGE  16 DATE OF DEATH  17 I HEREBY CERTIFY. That Lattended the decease  18 COLORATION (a) Trade, profession or particular kind of work (b) General nature of industry pusiness, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  12 MAJDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOYE IS TRUE TO THE BEST OF MY KNOWLEDGE  14 THE ABOYE IS TRUE TO THE BEST OF MY KNOWLEDGE  WIDOWCED (Month) (Day)  (Month) (Day) (Month) (Month) (Day) (Month) (Month) (Day) (Month)	3 SEX  4 COLOR OR RACE  MARRIED, Modowed OR DIVORCED (Write the word)  5 DATE OF BIRTH  10 DATE OF BIRTH  11 HEREBY CERTIFY, That I attended the stated above, at A that I last saw here alive on formal and that death occurred on the date stated above, at A that I last saw here alive on formal and that death occurred on the date stated above, at A that I last saw here alive on formal and that death occurred on the date stated above, at A the Cause of DEATH was as follows:  10 Table 1 or		ICAL PARTICULARS	MEDICAL	***************************************
DATE OF BIRTH    Contributory   Cont	TAGE    Control   Control	Lemale While	WIDOWED.		May 29., 19
If LESS than   day	and that death occurred on the date stated above, at the Cause of DEATH * was as follows:    Soccupation   Galler   Gall	D/s.	ril 10 , 196	0 May 21	RTIFY, That I attended the deceas
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (b) General nature of industry business, or establishment in which employed or (employer)  (Durstion)  (Durstion)  (Durstion)  (Durstion)  (Durstion)  (Durstion)  (Signed)  (Signe	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  (State or country)  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME  OF MOTHER  13 BIRTHPLACE  OF MOTHER  13 BIRTHPLACE  OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)  (Informant)  (Durstion)  (Durstion)  (Signed)  (Signe	7 AGE 7/ yrs. /	1 9 1 day h	and that death occurred	on the date stated above, at 1/1/9
Signed)  10 NAME OF FATHER  (State or country)  11 BIRTHPLACE  (State or country)  12 MAIDEN NAME  OF MOTHER  (State or Country)  13 BIRTHPLACE  OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Contributory  Secondary  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Addres	9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Contributory Secondary  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Address)  (Addr	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	rusekeelsing		
FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  OF MOTHER (Signed)  (Address)  (	IN BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Signed)  (Signed)  (Address)  (Addre	9 BIRTHPLACE Of M	yr, Co. Md.		Dates Scleson
OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  (State or Country)  13 BIRTHPLACE OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  OF MOTHER  (State or Country)  15 Many Co.   Id.    16 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents)  At place of death	*State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  *State or Country)  *State the Disease Causing Death, or, in death of Injury and Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institution of Cauthout Country)  19 Mother Was disease contracted, if not at place of death?  Where was disease contracted, if not at place of death?  Former or usual residence.	JA/Mas			
ients or Recent Residents)  At place of death	ients or Recent Residents)  At place of death	10 NAME OF STATES	Kishy. Ou.	101, 0 0	Address) Alexander of the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  if not at place of death?  Former or  usual residence.	(Informant)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  If not at place of death?  Former or usual residence.	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	Kirby. Marya Co, Md.	*State the Disease Violent Causes, state Accidental, Suicidal or I	e Causing Death, or, in deaths (1) Means of Injury and (2) Wh Iomicidal.
		10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER	Hisby. May Co. Hd. esine Claylor.	*State the Disease Violent Causes, state Accidental, Suicidal or I is LENGTH OF RESID ients or Recent Reside At place of deathyrsmos	e Causing Death, or, in deaths (1) Means of Injury and (2) Wh Iomicidal.  ENCE (For Hospitals, Institutions, onts)  In the State yrs

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

00-190

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISJEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway traindiseases "Uraemia," "Weakness," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage Chronic," etc., when a definite disease Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH	1)(
	County If Macy's	
		1
Vil	lage or City Could onto	
	2FULL NAME Madge Mi	allin
	PERSONAL AND STATISTICAL PARTICULARS	N
3 5	DEX  4 COLOR OR RACE  5 SINGLE, MARRIED  WIDOWED. OR DIVORCED (Write the word)	16 DATE OF E
6 [	DATE OF BIRTH	17 / IH
	Upr. 23 , 1900	wyr.
	(Month) (Day) (Year)	that I last sav
7 A	If LESS than I day hrs. mos. 13 ds. or min.?	
p	a) Trade, profession or particular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)	Pre
9 E	(State or country) Ind	Contributo Secondary
	10 NAME OF William William	(Signed).
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State Violent Car
PARE	of MOTHER Clear Matting &	Accidental, S
	13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyr
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was dise
	(Informant) Marchaeo Muscerings	Former or usual residence
\	(Address) (Covarblow	H. a
1.00	2. 10	20 UNDERTA

STATE OF MARYLAND

### CERTIFICATE OF DEATH

Registration	Dist.	No. 285

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH

06124

OF DEATH

I HEREBY CERTIFY. That Tattended the deceased t death occurred on the date stated above, at USE OF DEATH \* was as follows:

(Duration .192.3. (Address)

State the Disease Causing Death, or, in deaths from it Causes, state (1) Means of Injury and (2) Whether Causing Death, or, in deaths from ental, Suicidal or Homicidal.

OTH OF RESIDENCE (For Hospitais, Institutions, Transor Recent Residents)

In the ....yrs......nos......ds. as disease contracted, place of death?...

DATE OF BURIA

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—coat mine, even winnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (re-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. household only (not paid Housekeepers who receive a borer, Farm laborer, Laborer—Coal mine, etc. Womreport specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuky State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death carbolic acid—probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-Whooping American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular Nomenclature of the heart disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH If nonresident give city or town and State (Year) Date of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week age
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage TITE TO S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH	STATE OF MARYLAND
County St. Mary's	CERTIFICATE OF DEATH
0 -	Registration Dist. No. 282
Village or City Domplow (No.	
Things of City Control	St.: Ward) (If death occurred In a hospital or institu-
2FULL NAME POSSURE DE	Rodglas stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
M WIDOWED WILLIAM	Lue 23, 1923,
(Write the word)	(Month) (Woay) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
Mulleoun	
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE	The state of the s
albul 50 yrs. mos. ds. or min.	
8 OCCUPATION	
(a) Trade, profession or particular kind of work	Mangalalles (accidente
(b) General nature of industry	Callar Caux on Wester of book
business, or establishment in	(Duration) yrsmosds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Segondary
10 NAME OF	(Duration) yrs
FATHER (MINIE OS M)	(Signed / Willalls Mb)
M II BIRTHPLACE	57 24 1923, (Address) XOS Laidfon
(State or country) (Lellerorn)	*State the Disease Causing Douth or in douths from
E 12 MAIDEN NAME	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
James Mages	Former or
(Informant)	usual residence
(Address Remardlen ned	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
The state of the s	Villes Called Va 5 /24, 193)
15 Filed 3/94 1981 Causelin	20 UNDERTAKER KDDRESS
Registrar	We manning Herealdon
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

10491.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coal mine, etc. Womtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servan, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. For persons who have no occupation Locomotive engineer, (b) material Grocery;

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approved by Committee on Nomenclature American Medical Association.) tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, taken. causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; etc. The contributory etc., of

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Processing based

an dan church

V. S. No. 1

14. BIRTHPLACE (city or town) (Stete or country)

f6. BIRTHPLACE (city or town (State or country)

CREMATION.

20. FILED May 21, 193

(Address)

19. UNDERTAKER

(Address)

MOTHER

1. PLACE OF DEATH  County At Many	CERTIFICATE OF DEATH  Registration Dist. No. 287
Length of residence in city or town where death occurred yrs mos  2. FULL NAME Many & Sewell	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How iong in U.S. if of foreign birth?
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Consider the word of divorced served of divorced served	21. DATE OF DEATH  (Month)  (Dey)  193 (Yeer)  22. 1 HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, dey, end yeer) April 4, 1880 7. AGE Years Months Deys If LESS than 1 day, hrs.	THE PAINTING CAOSE OF DEATH and related causes of importance
8. Trede, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Date of onset
10. Dete deceased last worked et this occupation (month end yeer) ff. Total time (years) spant in this occupation ff. Total ti	General Paresis /929  Other Contributory Causes of importence:
(Stete or country)  13. NAME  Beneficet Barnes  14. BIRTHPLACE (city or town)	Stavation My 1/92/
14. BIRTHPLACE (city or town)	Name of operation

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

What test confirmed diagnosis?

Accident, suicide, or homicide? ....

(Address)

Where did Injury occur

Menner of injur

If so, specify (Signed)

23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more preuse preliaborer, Furm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH, worked on may form part of the second statement. nner, (b) Cotton mill; (a) Salesman, (b) Grocery: Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed

answered in detail, it will prevent further correspondence.

data is essential and must be obtained before the certificate is

1931

telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature American Medical Association.) If this certificate is looked over thoroughly and all questions as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), stated unless important. use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), or intercurrent) and consequences (e. g., sepsis, Example: Measles (disease affection need not be

OF MOTHER (State or Country)

15

C	PLACE, OF DEATH	er s	06129	STATE OF MARYLA
			(31)	
Villa	age or City Made	Ly (No.	und	Registration Dist. No. 2  St.: Ward)  (If death a hospital tion, give steed of
	2FULL NAME JUL	u Mason	deece	number.)
	PERSONAL AND STATE	STICAL PARTICULARS	MEDIC	AL CERTIFICATE OF DEATH
SE		WIDOWED. Q	18 DATE OF DEATH	5-18
	ATE OF BIRTH	(Write the word)	17 I HEREBY	(Month) (Day) (CERTIFY, That I attended the d
7 AG		nth) (Day) (Year)    If LESS than   1 day hrs.   min.?		red on the date stated above, at
(a) par (b) bus	CCUPATION Trade, profession or ricular kind of work General nature of industry siness, or establishment in	un	uzo	eaults (Duration) 3 yrs.
BI	RTHPLACE (State or country)	d	Contributory Secondary	Cla (Durglion) & yro
STN	10 NAME OF FATHER  11 BIRTHPLACE  OF FATHER  (State or country)	ei, Switt		4 (Address)
A L	12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE	h Geors		SIDENCE (For Hospitals, Institu

OF MARYLAND

CATE OF DEATH

tration Dist. No. 2 Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-steed of street and number.)

DATE OF BURIAL

ADDRESS

(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
1-5- 1981. to 5-15- 198
that I last sew h alive on 195.
and that death occurred on the date stated above, at 2 P
The CAUSE OF DEATH * was as follows:
by o earch's
*****
(Davis) ?
Contributory Clear Liefler Contributory Clear Liefler Contributory Secondary (Duration) Syre moe
Duration) yre moe
(Signed) Tall Value M.
5-19-192 4 (Address) are
*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tres
ients or Recent Residents)
At place of deathyrsmosds. In the Steteyrsmos
Where was disease contracted, if not et plece of deeth?
Former or usual residence.

If more bienks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

19 PLACE OF BURIAL OR REMOVAL

20 UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook; to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(Recommendations on statement of cause of death (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train Chronic interstitial nephritis, etc. The contributory Whooping cough; . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart Always qualify all disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

2	WRITE PL NLY WITH UNFADING II	N. B. Every Item of Information should be carefull CIANS should state CAUSE OF DEATH In plantatement of OCCUPATION is very important.
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S. No. 1 0

PLACE OF DEATH	STATE OF MARYLAND
County St 14 way o'	CERTIFICATE OF DEATH
	Registration Dist. No. 284
Village or City Colorle Hand	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME Mary E. Spore	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale 6 C (Write the word)	16 DATE OF DEATH May 30, 1923/
	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	Och . 1928 to May 30 , 192/.
(Month) (Day) , 187).	that I last saw he nlive on Mey 30, 1923.
7 AGE (IfLESS than	
l day hrs.	
5 4 yrsds. ormin.?	
8 OCCUPATION (a) Trade, profession or	Carana of Eachun-
(a) Trade, profession or particular kind of work tune terpe:	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsGmosds.
9 BIRTHPLACE (State or country)	Contributory Secondary
of May les.	(Duration)ds.
10 NAME OF	(Signed) New Joelson M. D.
11 BIRTHPLACE	1 1923 (Address) 6 Lelecte 14 and
OF FATHER (State or country) */ *	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country)	of deathyrsds. Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deah?
	Former or usual residence
(Informant) trad of cases.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) lepulaite Hace	If for up to think I have I . 1934
15 Filed June 1 th 1921 Lun Jackson Registra	20 UNDERTAKER ADDRESS
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
if more planks are needed, address tate Registral	An and more and many and

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necestired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook-Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (res household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as For persons who have no occupation (b) Automobile factory. The material 6 Groccry; Day

Statement of Cause of Death—Name, first, the pre-EALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on tetarius) may be stated under the head of "contributory." "(Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stited unless important. Example: Mcasles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train can be ascertained as the cause. Always qualify all Whooping American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mcre symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage as cough; Chronic valvular etc. The Nomenclature heart disease; contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH  COUNTY  Village or City		06131
Village or City Provided Contributors (No. St.: Ward) (If death occurred in a hospital or institution of the country of the provided Contributors (If death occurred in a hospital or institution in the country of the provided Contributors (If death occurred in a hospital or institution in the country of the provided Contributors (If death occurred in a hospital or institution in the provided Contributors (If death occurred in a hospital or institution in the country of the provided Contributors (If death occurred in the country of the provided Contributors (If death occurred on the date stated above, at 192 and that death occurred on the date stated above, at 192 and that death occurred on the date stated above, at 192 and that death occurred on the date stated above, at 192 and that death occurred on the date stated above, at 192 and that death occurred on the date stated above, at 192 and that death occurred on the date stated above, at 192 and that death occurred on the date stated above, at 192 and that death occurred on the date stated above, at 192 and that death occurred on the date stated above, at 192 and that death occurred on the date stated above, at 192 and that death occurred on the date stated above, at 192 and the provided of comployer)  5 DISTANCE OF DEATH was as follows:  6 DOCCUPATION OF STATES OF	PLACE OF DEATH	STATE OF MARYLAND
Village or City  2FULL NAME  PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  MARRIEDT  MARRIEDT  MARRIEDT  MARRIEDT  MODINO  MODIN  (Write the word)  5 DATE OF BIRTH  17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 for 193	County S. Cudy S	CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3 BEX  4 COLOR OR RACE    SINGLE   MARRIED   WIDOWED   World   WIDOWED   WIDOW		Registration Dist. No. 2 & C
PERSONAL AND STATISTICAL PARTICULARS  3 SEX	Village or City (No	St.: Ward) (If death occurred in
3 SEX  4 COLOR OR RACE WISHERDY (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the decased from 192 to 192 and that death occurred on the date stated above, at 19	2FULL NAME Still lo	Of alter tion, give its NAME in- stead of street and number.)
MARINED WIDOWED CONTROL WITH THE WORD OF THE PROPERTY OF THE P	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
O DATE OF BIRTH  O DATE OF BIRTH  (Month) (Day) (Year)  (BLESS than lay hrs.  (BLESS than lay hrs.  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF PATHER (State or country)  11 BIRTHPLACE (State or country)  12 MAIDEN NAME  OP MOTHER (State or Country)  13 BIRTHPLACE (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant Manual	MARRIED WIDOWED,	16 DATE OF DEATH 5 6 , 193 /
Signed   State or country   Secondary	(Write the word)	
TAGE    State or country    11 BIRTHPLACE OF PATHER OF MOTHER (State or Country)   12 MAIDEN NAME OF MOTHER (State or Country)   13 BIRTHPLACE OF MOTHER (State or Country)   14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant Mathematical Mothers)   15 Filed 5 7 1934 Maldenam (Address)   1934 Ma	6 DATE OF BIRTH	, mat a detended the detended from
day hrs.   The CAUSE OF DEATH * was as follows:   The C		i alred in
Social particular kind of work  (b) General nature of industry  business, or establishment in  which employed or (employer)  B BIRTHPLACE  (State or country)  10 NAME OF  FATHER  (State or country)  11 BIRTHPLACE  OF FATHER  (State or country)  12 MAIDEN NAME  OF MOTHER  (State or Country)  13 BIRTHPLACE  OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  At place  (Informant)  (Address)  At place  (Informant)  (Address)  (Informant)  (Inform	The state of the s	
Contributory  Be occupation  (a) Trade, profession or particular kind of work  (b) General nature of industry  business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  (Signed)  11 BIRTHPLACE OF FATHER  (State or country)  12 Maiden Name OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)  15 Filed  7 1931  AVABLULA  Registrar  (ADDRESS  ADDRESS		The CAUSE OF DEATH * was as follows:
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  OF FATHER  OF FATHER  State or country)  11 BIRTHPLACE OF FATHER  OF MOTHER  (State or Country)  12 MAIDEN NAME OF MOTHER  (State or Country)  13 BIRTHPLACE OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)  (Address)  15 Filed  To logge Available of the service of death  (Address)	8 OCCUPATION	la ha Manus series
business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informants)  (Address)  (A		of Cerc
which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)  (Address)  (Address)  15 Filed 5 7 1931 A Wallum Registrar  (Contributory Secondary Secondary (Durstion) yrs		D
Secondary  M. D.  Signed)  M. D.  State or country)  State or country)  State or country  State or Caddress  Address  State or Caddress  And Caddress  State or Cad		7-2-1-1-1
Signed)  Sig		
FATHER ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant Author)  (Address)  (Address)  (Informant Author)	I 10 NAME OF	(Durstion) yrsds.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  12 MAIDEN NAME OF MOTHER (U.C., Large 1)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)  (Informant)  (Address)  (Address		
(State or country)  (Informant)  (Informant)  (Informant)  (Address)  (Addres	0)	
OF MOTHER (Many & Zara)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant Multiple Marker (Address)	Z (State or country)	*State the Diseaso Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
At place of death yrs mos ds, State yrs mos ds.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)  (Informant)  (Address)  (Address)  Filed 5-7- 1981  (Address)  Registrar  At place of death yrs mos ds, State yrs mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS  Registrar	of MOTHER Way E. Locky	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
(Informant) Where was disease contracted, if not at place of dea.h?  (Informant) Where was disease contracted, if not at place of dea.h?  Former or usual residence  (Address) Just of the BEST OF MY KNOWLEDGE  19 PLACE OF BURIAL OR REMOVAL  ADDRESS  Filed 5- 7- 1981 Avialum  Registrar  Registrar  Registrar		At place in the
(Informant) Utture Un Walter usual residence usual residence (Address) I usual address (Address) I usual address (Address) I usual address (Address) I address (Addres		Where was disease contracted,
(Informant) Ullice Un Walter usual residence.  (Address) Is and Complete Court of BURIAL  (Address) Is and Complete Court of Some Segistrar  (Address) Is and Court of Some Se	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
(Address) Guada Conference 5-8, 1931  Filed 5-7- 1981 Avaluar Registrar Such Lan Burker	(Informant of Ullim Mr. Walter	ususl residence
Filed 5- 1- 1931 Watter Suyly Lac Bushned	(Address) y und	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 5-8, 1931
	Filed > - 1923 ( V) according	20 UNDERTAKER ADDRESS
		, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-clared (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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V 8 No. 1

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Filed

PLACE OF DEATH  County S/ Mary	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 284
Village or City 6 Rosloste 14 (Noell' 2FULL NAME 77 rank Co	St.: Ward)  (If denth occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) hordon	16 DATE OF DEATH 70 18 19:37 (Month) (Day) (Year)
6 DATE OF BIRTH  May 10, 1863  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  Mory
7 AGE    Syrs. mos. 7 -ds.   If LESS than   day hrs.   or min.?	and that death occurred on the date stated above, at
particular kind of work  (b) General nature of industry business, or establishment in  which employed or (employer)	(Duration) yes mos do.
9 BIRTHPLACE (State or country) of Moy, Co.	Contributory Secondary  (Duration)ytsds.
10 NAME OF FATHER Chulus Wellis  11 BIRTHPLACE OF FATHER (State or country) SI Mory of Co.	(Signed)
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
(laterment) John Wells	former or usual residence

If more blanks are needed, addre s tate Kegistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation - Precise statement of ocstate oecupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salcsman. additional line is provided for the latter statement; i nature of the business or industry, and therefore an eases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write Nonc. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons enetc., Foreman, For many occupations a or At Home, and children, not gainfully emyrs). Farm laborer, without more precise specification as Stationary fireman, etc. But in many For persons who have no occupation (b) Automobile factory. The materia Laborersingle word or term ou -Coal mine, etc. Wom-(6) Grocery, Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis". Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(secondary or intercurrent) affection need not be stated unless important. Example: Mcasles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E::haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Caneer" is less definite; avoid tetanus) may be stated under the head of "eontributory." tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (seeondary) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Whooping cough; American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or misearriage as Chronic etc. valvular The contributory Always qualify all heart disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained hefore the certificate is permanently filed.

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Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer frestate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, whatever, write None. especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Locomotive engineer,

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